

Work Order ID 102214

102214

Page 1

May-27-13 12:41:27 PM

Item ID: D4016-3

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Hinge Half, Lid

Start Date: 6/07/13 Start Qty: 8.00

8

Cust Item ID:

Required Date: 6/07/13 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals:

Process Plan: ML5

Date: 13-05-30

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
----------	--------------

D4016	A
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100 Cut blanks as per folio 0.00

100

Bandsaw

Jeaspa Bandsaw

Memo

0.00

P0 13/06/07

8 0

110

110

HAAS I

HAAS CNC vertical machine #1

Memo

0.00

MACHINE AS PER FOLIO FA874 AND DWG

FOLIO REV: AA

DWG REV: A

DEBURR

DAS 02/21 13-06-10 x8

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ **Date:** _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending		Bend		Grain		Ovalized		Pressure/Forced			
Centre Not Concentric to O/S		BOM/Route		Hardware		Over/Under tolerance		Temperature/Cure			
Cracks		Broken/Damaged		Inspection Incomplete		Part Incorrect		Weld			
Crushed/Crimped		Burrs		Instructions Incomplete/Unclear		Part Lost/Missing		Wrong Stock Pulled			
Cuffs		Contamination		Maintenance		Part Moved					
Heat Treat		Countersink		Mislabeled		Positioned Wrong					
Inspection Strip in Tube		Cut Too Short		Misread		Power Loss/Surge					
Ripples in Bend		Drill Holes		Offset							
Torque Waves in Extrusion		Drawing		Out of Calibration							
Turning Sequence		Finish		Out of Sequence							
Wave/Twist in Tube		Folio		Outside Dimensions							

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Item ID: D4016-3

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N900040100

Setup

Start *NS1*

Revision ID:

Stop

NS2

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Start Date: 6/07/13 Start Qty: 8.00

8

Cust Item ID:

Required Date: 6/07/13 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.

Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Quality Control

1DAS
02
8-89

ZT

13

06

-10

130

QC8- Inspect parts - second check

0.00

130

QC

Quality Control

8

SLB-6-10

160

Identify as per dwg & Stock Location

0.00

160

Packaging

Packaging

PC
WA-4

0.00

PC.13.6.17

8

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Part No. _____											
NCR No. _____											
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data	<input type="checkbox"/>										
Equip/Tooling	<input type="checkbox"/>										
Operator	<input type="checkbox"/>										
Material	<input type="checkbox"/>										
Setup	<input type="checkbox"/>										
Other	<input type="checkbox"/>										
Process	<input type="checkbox"/>										
Supplier	<input type="checkbox"/>										
Training	<input type="checkbox"/>										
Unapproved	<input type="checkbox"/>										
FAULT CATEGORY											
Landing Gear				General							
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced			
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure			
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld			
Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled			
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>				
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>				
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>				
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>				
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>				
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>				
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>				

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Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

170

QC21- Final Inspection - Work Order Release

0.00

170

QC

Quality Control

Memo

0.00

13/6/13 SJ
MF
13-6-18

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS														
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No. _____			NCR No. _____																	
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification			QC Inspector					
Doc/Data																				
Equip/Tooling																				
Operator																				
Material																				
Setup																				
Other																				
Process																				
Supplier																				
Training																				
Unapproved																				
FAULT CATEGORY																				
Landing Gear				General																
				<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced												
<input type="checkbox"/> Centre Not Concentric to O/S				<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure													
<input type="checkbox"/> Cracks				<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld													
<input type="checkbox"/> Crushed/Crimped				<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled													
<input type="checkbox"/> Cuffs				<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Other													
<input type="checkbox"/> Heat Treat				<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Power Loss/Surge													
<input type="checkbox"/> Inspection Strip in Tube				<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/> Ripples in Bend				<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/> Torque Waves in Extrusion				<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/> Turning Sequence				<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/>	<input type="checkbox"/>													

Picklist Print

May-27-13 12:41:27 PM

Page 1

Work Order ID: 102214

Parent Item: D4016-3

Parent Item Name: Hinge Half, Lid

Start Date: 6/07/13

Required Date: 6/07/13

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A NEW ISSUE 09-11-27 JL VERIFIED BY:DD
10.02.22 verified by:EC

IPP Rev:B as per dwg REV.A DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty.	Qty Issued	Date Issued	Status
M304B1.000X1.000 304 bar 1.00 x 1.00		Purchased	No			100	f	4.6020	0.08	0.673684		PO 13/06/07	

Location	Loc Qty	Loc Code
MAT050	4.602	
→ 125340	4.602	.702

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

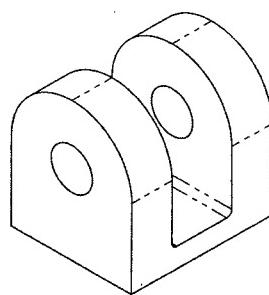
DQA: Date:

QA Closed: _____ Date: _____

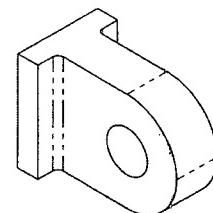
Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending		Bend		Grain		Ovalized		Pressure/Forced			
Centre Not Concentric to O/S		BOM/Route		Hardware		Over/Under tolerance		Temperature/Cure			
Cracks		Broken/Damaged		Inspection Incomplete		Part Incorrect		Weld			
Crushed/Crimped		Burrs		Instructions Incomplete/Unclear		Part Lost/Missing		Wrong Stock Pulled			
Cuffs		Contamination		Maintenance		Part Moved					
Heat Treat		Countersink		Mislabeled		Positioned Wrong					
Inspection Strip in Tube		Cut Too Short		Misread		Power Loss/Surge					
Ripples in Bend		Drill Holes		Offset							
Torque Waves in Extrusion		Drawing		Out of Calibration							
Turning Sequence		Finish		Out of Sequence							
Wave/Twist in Tube		Folio		Outside Dimensions							

8 7 6 5 4 3 2 1

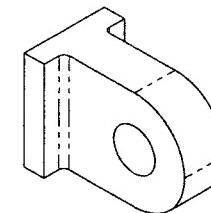
D



D4016-1 HINGE HALF, BASE



D4016-3 HINGE HALF, LID



D4016-5 HINGE HALF, LIGHT LID

B

A

D

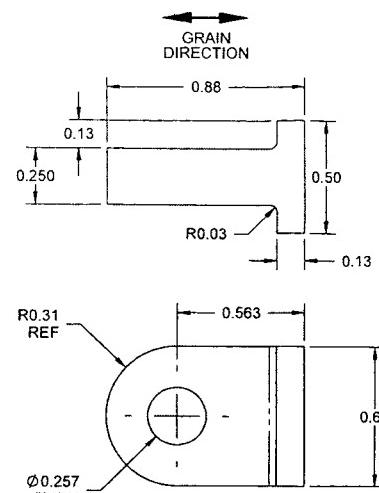
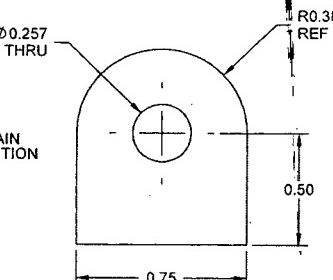
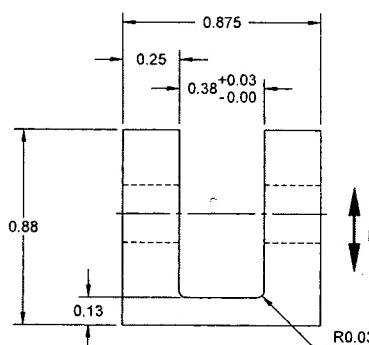
SHOP
REF ID: D4016-1
ENGINEERED
UNCONTROLLED
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORKS DRAWING
NO. 102214MLJ
13-05-30

RELEASED
R 2010-02-16
M

A	NEW ISSUE	JPH	10.01.29
REV.	DESCRIPTION	BY	DATE
DESIGN	AJS	DART AEROSPACE LTD	
DRAWN	AJS	HAWKESBURY, ONTARIO, CANADA	
CHECKED	DS	DRAWING NO.	REV. A
MFG. APPR.	DS	D4016	SHEET 1 OF 2
APPROVED	DS	TITLE	SCALE
DE APPR.	DS	BASKET HINGE	NTS
DATE	10.01.29	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS THE PROPERTY OF DART AEROSPACE LTD AND IS LOANED TO THE COMPANY FOR INFORMATION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

8 7 6 5 4 3 2 1

102214

D4016-1 HINGE HALF, BASED4016-3 HINGE HALF, LIDD4016-5 HINGE HALF, LIGHT LID

NOTES:

1) MATERIAL -1 & -3: 304/316 STAINLESS STEEL BAR, PER ASTM A276
REF DART SPEC M304B

-5: 6061-T6/T651/T6510/T6511/T62 ALUMINUM BAR,
PER QQ-A-225/8 OR AMS-QQ-A-225/8 (OR AMS4117/4128/4115/4116)
OR QQ-A-200/8 OR AMS-QQ-A-200/8 (OR AMS 4160)
OR ASTM B211 OR ASTM B221
REF DART SPEC M6061T6B

- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT -1: 0.09 lbs
-3: 0.04 lbs
-5: 0.01 lbs

DESIGN	AJS	DART AEROSPACE LTD
DRAWN	AJS	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>10</i>	REV. A
MFG. APPR.	<i>AS</i>	DRAWING NO. D4016
APPROVED	<i>10</i>	SHEET 2 OF 2
DE APPR.	<i>10</i>	TITLE BASKET HINGE
DATE	10.01.29	SCALE NTS

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8

7

6

5

4

3

2

1

A

RELEASED
2010-02-16

DART AEROSPACE LTD	Work Order:	102214
Description: Hinge Half, Lid	Part Number:	D4016-3
Inspection Dwg: D4016 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	<u>DAS</u> <u>02</u>	Audited by:	<u>SL</u>	Preliminary Approval:	
Date:	(3 - OC ⁸⁹) 10	Date:	13-6-10		Date:

Rev	Date	Change	Revised by	Approved
A	10.06.07	New Issue	KJ	